DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 4/12/14

PRINTED: 02/28/2014
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445126 | A. BUILDING _____ B. WING _____ | 02/26/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| NHC HEALTHCARE, SEQUATCHIE | 380 DELL TRAIL, PO BOX 878 DUNLAP, TN 37327 |

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| F 000 | INITIAL COMMENTS<br><br>During the annual recertification survey and complaint investigation #32933 on February 26, 2014, at NHC Sequatchie, no deficiencies were cited in relation to the complaint under 42 CFR PART 482.13, Requirements for Long Term Care. | F 000 | | |
| F 312 SS=D | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS<br><br>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, observation, facility policy review, and interview, the facility failed to ensure fingernails were neat and clean for one resident (#3) of thirty-one residents observed.<br><br>The findings included:<br><br>Resident #3 was admitted to the facility on November 2, 2012, with diagnoses including Congestive Heart Failure, Hypertension, Stage III Chronic Kidney Disease, Coronary Artery Disease, Diabetes Mellitus, and Osteoporosis.<br><br>Medical record review of the Quarterly Minimum Data Set (MDS) dated February 12, 2014, revealed the resident required extensive assistance of two persons for personal hygiene.<br><br>Review of the resident's care plan dated February | F 312 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | Administrator | 3/10/14 |

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 312 | Continued From page 1<br>20, 2014, revealed, "...Nail Care: Staff will clean and trim nails as needed..."<br><br>Observation of the resident's hands on February 24, 2014, at 3:30 p.m., February 25, 2014, at 11:34 a.m., and February 26, 2014, at 8:00 a.m., revealed the resident's fingernails were long and had brown debris under the nails.<br><br>Review of the facility's policy, Nail Care, revealed, "...All residents will be monitored routinely to assure nails are clean and appropriately trimmed..."<br><br>Observation and interview with the Assistant Director of Nurses on February 26, 2014, at 8:20 a.m., in the resident's room, confirmed the facility's policy had not been followed and the resident's fingernails needed to be cleaned and trimmed. | F 312 | 1. Resident # 3 has clean, trimmed fingernails.<br><br>2. All residents have been assessed for clean, trimmed fingernails.<br><br>3. An inservice will be held with all nurses and CNAs to stress the importance of clean, trimmed fingernails for all residents.<br><br>4. All nurses will observe each resident under their care daily to monitor for clean, trimmed fingernails and take appropriate action as needed. The Resident Care Coordinators will report to the Quality Assurance Committee for 3 months or until there is 95% compliance with all residents having clean, trimmed nails. | |
| F 323 SS=D | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, review of facility fall investigations, observation, and interview, the facility failed to ensure a safety device to prevent falls was in place for one resident (#100) of three | F 323 | | 3/26/2014 |

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| F 323 | Continued From page 2<br>residents reviewed for falls, of thirty-one sampled residents.<br><br>The findings included:<br><br>Resident #100 was admitted to the facility on May 30, 2011, with diagnoses including Alzheimer's Dementia with Behavioral Disturbance, Diabetes Mellitus Type II, Depression with Anxiety, Blindness, Personal History of Fall, History of Psychosis, Weight Loss, and Hospice Care.<br><br>Medical record review of a nurse's note dated September 12, 2013, revealed, "...resident was in hallway in Geri-chair. We heard tab alarm sounding. Ran down hallway and (resident) was in the floor...skin tear to elbow..."<br><br>Medical record review of Quarterly Minimum Data Set (MDS) dated December 29, 2013, revealed the resident was severely cognitively impaired and was totally dependent on staff for all Activities of Daily Living (ADLs).<br><br>Medical record review of a nurse's note dated February 22, 2014, revealed, "...called to day room per CNA (Certified Nurse Assistant). Resident lying in floor on back. Small abrasion noted to chin. No other injuries noted. Tab alarm not sounding because resident removed it before exiting (resident's) chair. Placed back in chair and attached tab alarm..." Continued review of the nurse's note revealed an intervention initiated to prevent future falls "...chair alarm...will check tab alarm periodically to ensure it is properly attached to alarm staff of unsafe behaviors/transfers..."<br><br>Review of a facility fall investigation dated | F 323 | 1. Resident #100 has a pressure pad alarm in place in bed and chair.<br><br>2. All residents requiring any type of safety alarm have been assessed to assure the proper alarm is in place.<br><br>3. An inservice will be held with all nurses and CNAs to stress the importance of having the proper alarm in place.<br><br>4. A check sheet will be used to identify all residents requiring any type of alarm to assure the nurses and assistants are checking to assure the proper alarm is being used.<br><br>Members of the Falls/Incident Committee will make random checks to assure the above measures are followed and report to the Quality Assurance Committee for 3 months or until there is a 95% compliance rate of the correct alarm being used. | 3/26/2014 |

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| F 323 | Continued From page 3<br>February 22, 2014, revealed the resident had a tab alarm in place at the time of the resident's fall on February 22, 2014, which the resident had removed. Continued review of the facility fall investigation revealed a new intervention initiated to prevent future falls "...pressure alarm in bed and chair..."<br><br>Medical record review of the resident's care plan, last updated February 24, 2014, revealed, "...At risk for falls secondary to blindness, no safety awareness, and personal history of falls..." Continued review of the resident's care plan revealed, "...tab alarm while in bed/chair to alert staff of unsafe behaviors..." with a line drawn through with handwritten note "...dc'd (discontinued) 2/24/14..." Further review of the resident's care plan revealed a new intervention to prevent future falls, "...Pressure alarm to bed and chair to alert staff of unsafe behaviors...2/24/14..."<br><br>Medical record review of a physician's order dated February 24, 2014, revealed, "...1. Pressure alarm to bed and chair...2. DC (discontinue) tab alarm to bed/chair..."<br><br>Observation of the resident on February 25, 2014, at 1:30 p.m., in the resident lounge outside of Station 2 nurse station, revealed the resident laying in a reclined Geri-chair, and appeared to be sleeping. Continued observation of the resident revealed a pull-tab alarm in place on the resident's shirt.<br><br>Observation of the resident on February 26, 2014, at 7:58 a.m., in the resident lounge outside of Station 2 nurse station, revealed the resident laying in a reclined Geri-chair, and appeared to | F 323 | | |

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| F 323 | Continued From page 4<br>be sleeping. Continued observation of the resident revealed a pull-tab alarm in place on the resident's shirt.<br><br>Observation of the resident on February 26, 2014, at 10:33 a.m., in the resident lounge outside of Station 2 nurse station, revealed the resident laying in a reclined Geri-chair, and appeared to be sleeping. Continued observation of the resident revealed a pull-tab alarm in place on the resident's shirt.<br><br>Interview with Licensed Practical Nurse (LPN) #1 on February 26, 2014, at 10:33 a.m., in the lounge outside of Station 2 nurse station, confirmed a pull-tab alarm was in place on the resident and confirmed a pressure pad alarm was not in place.<br><br>Interview with the Director of Nursing (DON) on February 26, 2014, at 10:40 a.m., in the Social Services Office, confirmed the resident had a pull-tab alarm in place and the facility had not implemented the pressure pad alarm as indicated. | F 323 | | |
| F 441 SS=D | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS<br><br>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections | F 441 | | |

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| F 441 | Continued From page 5<br>in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.<br>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.<br><br>(c) Linens<br>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility failed to follow standards for the prevention and spread of infections by not disinfecting the hands after the removal of gloves for one observation of one opportunity for intravenous medication administration.<br><br>The findings included:<br><br>Observation on February 25, 2014, at 9:55 a.m., | F 441 | 1. Registered Nurse #1 has been inserviced to sanitize hands before donning gloves and after removing the gloves.<br><br>2. All nursing staff have been assessed on infection control practices including sanitizing hands before and after gloving.<br><br>3. An inservice will be held with the nursing staff covering infection control practices including sanitizing hands before and after gloving.<br><br>All nursing procedures have been reviewed to assure it is clearly indicated that hands are to be sanitized before and after gloving.<br><br>4. The Assistant Director of Nursing will observe infection control practices during procedures and report to the Quality Assurance Committee for 3 months or until there is 95% compliance. | 3/26/2014 |

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| F 441 | Continued From page 6<br>during the preparation of intravenous (IV) medication for administration, revealed Registered Nurse (RN) #1 disinfected the hands and donned gloves. Continued observation revealed RN #1 prepared the IV medication with the gloves on, removed the gloves, donned new gloves, cleaned the resident's IV access port, and connected the IV tubing to the access port.<br><br>Interview with the Director of Nursing on February 26, 2014, at 8:10 a.m., in the director's office, confirmed the facility did not have a policy for disinfecting the hands after glove removal, but the facility's expectation was that the hands would be disinfected when gloves were removed. | F 441 | | |
| F 494 SS=C | 483.75(e)(2)-(3) NURSE AIDE WORK > 4 MO - TRAINING/COMPETENCY<br><br>A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services; and that individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §§483.151-483.154 of this part; or that individual has been deemed or determined competent as provided in §483.150(a) and (b).<br><br>A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (e)(2)(i) and (ii) of this section.<br><br>Nurse aides do not include those individuals who furnish services to residents only as paid feeding | F 494 | 1. Future NAT classes will be held with no expense to the student.<br><br>2. It is the policy of this facility that there will be no charge for NAT classes in the future.<br><br>3. A policy change was made that this facility will no longer charge for NAT classes.<br><br>The 14 former NAT students employeed at the facility are being reimbursed the $80.00 charge for class materials.<br><br>4. The Administrator will assure all future NAT classes are held without charge. | 3/26/2014 |

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| F 494 | Continued From page 7<br>assistants as defined in §488.301 of this chapter.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on review of the CFR Title 42, Volume 3, PART 483 Requirements for States and Long Term Care Facilities (Nurse Aide Training Programs) and interview, the facility failed to ensure no nurse aide was charged for any portion of the program.<br><br>The findings included:<br><br>Review of the Requirements for States and Long Term Care (LTC) Nurse Aide Training Requirements revealed, "...Sec.483.152(c) Prohibition of charges. (1) No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program..."<br><br>Interview with the Nurse Aide Training (NAT) Instructor on February 26, 2014, at 9:30 a.m., in the instructor's office, confirmed the facility required each student to pay $80.00 for class materials.<br><br>Telephone interviews on February 26, 2014, at 9:45 a.m., and 10:40 a.m., with two former NAT students who completed the facility's NAT class offered in January 2014, and currently employed by the facility, confirmed the facility had charged each student $80.00 for class materials. | F 494 | | |

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| F 494 | Continued From page 8<br><br>Review of the facility's NAT class records from 2013, and January 2014, revealed the facility currently had fourteen former NAT students employed at the facility, and all fourteen had been charged $80.00 for class materials.<br><br>Interview with the Administrator on February 26, 2014, at 10:45 a.m., at the Social Worker's office, confirmed the facility had not reimbursed nurse aides for the cost of the class after the nurse aides completed the class and were employed by the facility. | F 494 | | |